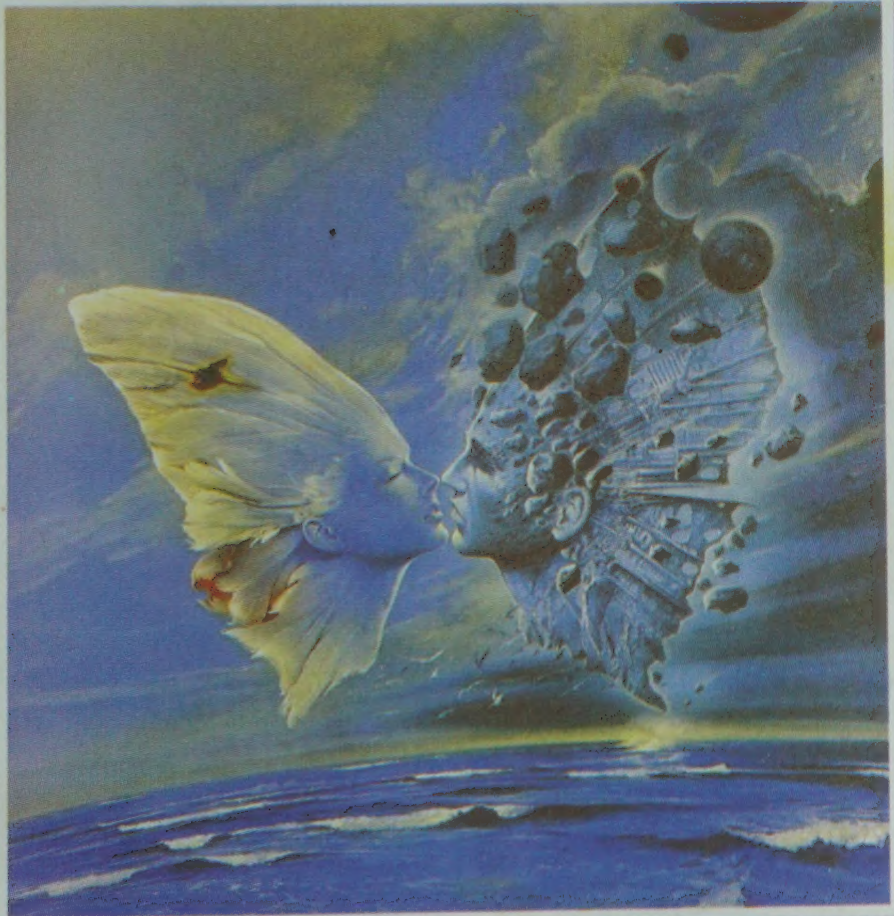


SEXUALITY AND ADOLESCENCE



Edited by:

Rajaratnam Abel
Mathew Asirvatham



RUHSA DEPARTMENT
Christian Medical College

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SEXUALITY AND ADOLESCENCE

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CONTENTS

S.No.	Chapters	Page Nos.
	Acknowledgements	1
I	Introduction	3
II	Adolescent Sex and Sexuality	5
III	Changes during Adolescence	9
IV	Tips for Youth	15
V	Sexual Harassment	20
VI	Myths and Facts about Sexuality	23
VII	Sexual Integrity	27
VIII	Infatuation	35
IX	Sexual Behaviour among Youth in India	40
X	Sexuality Education	45
XI	Taking a Stand on Sex	50
XII	HIV / AIDS and Adolescent Sexuality	53
XIII	Frequently Asked Questions by Adolescents	58
XIV	Conclusion	64

ACKNOWLEDGEMENTS

This booklet is a follow up to the earlier version brought out in the Tamil language. Earlier, youth had expressed the need for wholesome material on adolescent sexuality. However as soon as the Tamil version was published, immediately Dr. George Fernandes and Mr. Livingston Kumar of Plan India expressed the need for an English edition. It is their initial spark of enthusiasm which encouraged us to work on this English edition.

The funding for this has been provided through Healthlink Worldwide for a project in India entitled 'Strengthening the voices of the vulnerables'. Healthlink Worldwide, London is a partner of the Communication for Health India Network (CHIN). This network consists of CHETNA, Ahmedabad, CINI, Kolkatta, CMAI, New Delhi and RUHSA, Vellore. The funding from Healthlink and the networking support provided by CHIN partners are gratefully acknowledged.

The editors of this booklet have heavily depended upon the wealth of information available in the public domain in the internet. Much of the materials are based on research in the West primarily in the USA. Since all that is relevant for USA is not necessarily suitable for India, judicious choice had to be made in deciding what should be kept in and what should be eliminated. Due credit has been given in the reference section for the websites and other internet sources.

We were fortunate in having access to some of the most current research work relating to adolescent sexual behaviour from India. This information helped us to make a proper balance in our presentation.

Besides the above we have gained immensely from the experience of conducting sexuality education for the school children of K.V.Kuppam for the past 12 years. We have learnt from the staff of RUHSA handling these programmes as well as interacting with students from K.V.Kuppam block. We owe them a big thank you.

We would also like to acknowledge the contributions made by our colleagues in RUHSA. Interactions with our colleagues involved with the Tamil edition namely Mr.G.Munirajulu, Mr.Stalin Gnanasigamani and Mrs.Jeyalakshmi Santhosh gave us insights into bringing modifications and additions to this English edition. Further the word processing for this edition was carried out by Mr.J.Srinivasan and Ms.Komala Devi. The contributions of all RUHSA colleagues is sincerely acknowledged.

We are thankful for the very valuable feed back given on the earlier Tamil version. This feed back clearly indicated the need beyond Tamilnadu. Having worked on a very sensitive theme, it is possible that some suggestions and recommendations that are not culturally appropriate may have crept in. While every effort has been made to keep out such inappropriate points, we alone as editors are responsible for the contents of this booklet.

The Editors

I. INTRODUCTION

In the month of April 2004, RUHSA organised a State Level Consultation Meeting on youth under the theme "Towards a healthy future for Young Youth". Over 250 youth participated in this consultation from different parts of Tamilnadu and Pondicherry. This consultation was sponsored by MYRADA Plan, Dharmapuri / Plan India.

There were eight themes discussed. They were Gender Issues, Emotional and Mental Health, Violence, Reproductive Health and HIV / AIDS, Drug Abuse, Livelihood, Children in Difficult Circumstances and Education. While experts gave lectures on each topic, the youth had considerable time to discuss each issue in smaller groups and present it to the plenary. They were also asked to make recommendations in each area.

What the youth want

The particulars at this youth consultation articulated their needs as follows:

1. Compulsory sex education should be provided by trained teachers starting from 6th standard onwards.
2. Scenes that depict violence and indecent behaviour should be banned from media.
3. Girls should dress in a culturally acceptable way without provoking sensuality.
4. Children in the age group 13-19 years should be educated about the anatomy and physiology of reproductive organs.
5. Sex counseling centres for youth should be established.
6. Sexual pressures can be prevented by promoting yoga, sports, music and hobbies like drawing etc.
7. Parents should advice children and be role-models.
8. Parents should be trained on how to deal with their adolescent children in a constructive way.

Therefore as a team of RUHSA Staff we worked on bringing out a Tamil language edition. In September 2004 this was published by RUHSA. This booklet has been extensively used in some of the schools of K.V. Kuppam. Currently we are in the process of ensuring that at least one booklet is placed in each of the high / higher secondary schools of Tamil Nadu. As young people form a large population of those infected with HIV, this forms one important medium of empowering vulnerable youth, so that they can make correct choices. With teachers being shy to speak on this subject, health and development workers are able to play this role effectively, by dealing directly on sex education or indirectly as part of the HIV / AIDS awareness education.

Recently a visitor from the United States expressed surprise at the relative freedom with which we were promoting sexuality education among the school children in K.V.Kuppam. We believe it is a unique opportunity placed on the shoulders of RUHSA, and we would like to discharge this responsibility in a sensitive manner.

In presenting sexuality and adolescence it is our firm belief that this will give opportunities to understand the choices adolescents have, and that with this knowledge they will make correct choices. Contrary to fears expressed, this has been the positive response wherever sexuality education has been actively promoted.

Finally, who is the audience of this booklet? There is a need for such materials for teachers and other resource personnel. There is also a need for wholesome reading material on sexuality for adolescents without being sensual about it. While both may use this material, our focus is on the youth. It is our hope that adolescents will feel free to read this booklet in a guilt free atmosphere and empower themselves to make correct decisions. To this end this booklet will be one more valuable resource "Towards a Healthy Future for Young Youth".

II. ADOLESCENT SEX AND SEXUALITY

What is Adolescence?

Adolescence means to grow into maturity. Adolescence is that period in our lives which roughly spans the ages of 10 to 19 years. It is one of the most fascinating periods of human life that marks the transition from being a dependent child to becoming an independently functioning adult. It is a time of considerable changes in virtually all aspect of our functioning. Changes in physical stature, physiological and endocrine changes, changes in our patterns of thinking, in our attitude and ideals, our relationships, our moral standards, and our abilities regarding our future careers take place. It is a time of acquiring new skills, attaining mastery over our environment, learning to handle new responsibilities and gaining control over our emotions and thoughts. It prepares us to become adults and to face the world with confidence in our abilities. One of the very special needs of adolescents is to promote their understanding about the psycho-sexual transitions that take place during this period and knowing how to regulate their feelings and sexual impulses. However, adolescents in our country do not have ready access to information regarding sexuality due to a lack of mature attitude about sexuality on the part of adults, be it parents, teachers or health educators. The consequences are that they become very susceptible to influences of the mass media, press, peers etc. Furthermore, lack of appropriate knowledge endangers their reproductive health and also restricts their right to make informed choices in accordance with their values and attitudes. Therefore,



adolescence is a period in one's life where values that will guide the individual throughout the rest of his/her life journey are established.

For a better understanding of the words sex and sexuality the following definitions are used in this booklet :

Sex : Biological difference between male and female

Sexuality : Psychological reactions associated with maleness and femaleness that determine behavioural responses

Sex and Sexuality

Young people's values are shaped by their families, their communities, and their life experiences. As they develop from concrete to more abstract thinkers, adolescents may express changeable beliefs and values about sexuality and other important aspects of their lives. They often alternate between unrealistically high expectations and poor self-concept. Their judgements may be mature and accepting at one moment, and irrational and punitive the next. Moral development is not a straight linear progression, and young people may experience and express conflicting values within a short period of time.

Adolescent sexuality development includes physical, intellectual, social and emotional changes. This development occurs in the context of the family, peer group and community; the family and peer groups are particularly important influences in the lives of teenagers. Our goals include: increasing adolescents' knowledge about critical sexuality issues; aiding them in understanding family and community values so that they may clarify their attitudes regarding sexuality; and promoting responsible adolescent sexual decision-making, characterized by the postponement of sexual activity and the prevention of pregnancy and disease.

Adolescents who have experienced open communication with parents are better prepared to communicate honestly and openly about sexuality with adults as well as peers. Peers play an important role in adolescent sexual development; adolescents want to identify with and belong to peer groups. Adolescents need to be assured that sexual desire is natural. At the same time, we must teach youth that sexual desire is to be acted upon in ways that are consistent with personal, family, and community values.

For sexuality education to be appropriate and successful, values from different perspectives must be respected. At the same time, it is crucial that age-appropriate information be provided. Adolescents must be encouraged to make choices and decisions based upon factual information, as well as learn to respect themselves and others.

Sexual Hygiene

Sexual hygiene is important to prevent infections. Wash your genitalia every time after passing urine. Take bath everyday. During menstruation, give special attention to clean the vulva thoroughly with water every time you change sanitary pad or cloth. Change your sanitary pad / cloth every three to four hours or as often as necessary to prevent odour and bacteria from forming. Wash menstrual cloth with soap and dry them in the sunshine to prevent bacteria. People have the belief that circumcision is the only way for a boy to keep the penis clean. It is true that circumcision will not permit formation of smegma because the foreskin is removed. However, a man who is not circumcised can keep himself clean by pulling back the foreskin and washing off the smegma underneath everyday.

Emotional aspects of puberty

Ultimately when one talks about sexuality, it refers to the emotional changes taking place at puberty.

- Our emotions change very rapidly
- We are interested in different things than we used to be
- We want to spend more time with our friends than with family members
- We have an increasing desire to be independent
- We feel that no one understands us
- We feel attracted to the opposite sex.

While there are certain common emotional feelings between boys and girls, there are some differences as indicated in the section below :

Girls may also feel:

- The pressure to have a boy friend - or not to have a boy friend
- The pressure to follow whatever is in fashion
- The pressure to be attractive
- The pressure to marry
- The pressure to control our behavior

Boys may feel:

- The pressure to have a girl friend
- The pressure to tease girls
- The pressure to be attractive
- The pressure to dress like a hero in movies

It is normal to have these feelings, and to experience anxiety and confusion about all the changes going on in our body and mind.

III. CHANGES DURING ADOLESCENCE

Biological changes during puberty are the most evident observable characteristics that take place as a child grows through adolescence. The following is a brief description of the major changes that occur in boys and girls.

Boys

If you are a boy, this means that you will see muscles where once there was only fat. You will find the beginning of changes in skin colour and texture. A moustache and beard will form and you will also find hair growing on your chest, arm pits and groin. However, some of you may not have any signs of a moustache or hair on your chest. Don't worry, it will come later. It does not mean that you are not manly if you don't have hair on your chest! Your voice will also change one day, from the high pitched voice of a child to an adult's deeper voice. You may also notice that your penis may get erect often, especially in the morning when you wake up but also on many occasions when you are excited, angry or afraid. These are normal events. Your testes will also start producing spermatozoa, which means that you are now capable of fathering a child.

Girls

If you are a girl, your bodily changes will include enlargement of your breasts and nipples, widening of your hips, growth of hair in armpits and genital area, growth of pimples on the face and changes in skin colour and texture. However the most striking change you will undergo is the beginning of menstruation; 3-5 days of bleeding from your uterus once a month that will occur throughout your life till you are in your mid 40's. Hopefully you were aware of this as a normal event when it occurred, otherwise you may have been worried or afraid that something terrible was happening to you. It is important that you

realize that this is a normal, healthy phenomenon even though some people may tell you that you are unclean during this time. Provided you take normal sanitary precautions, this is not true. The onset of menstruation only means that you are now physically capable of becoming a mother, something to accept as normal rather than be ashamed of or afraid of.

The following table depicts the changes that take place in boys and girls at various stages during adolescence:

S. No.	Types of changes	Period of change	
		Girls	Boys
1.	Physical Changes	Between 9-17 years	Between 12-18 years
2.	Growth spurt	Between 11-13 years	Between 12-15.7 years
3.	Duration of growth spurt	2.5 - 3.0 years	2.5 - 3.0 years
4.	Increase in height	10.2 years	12.8 years
5.	Development of pubic hair	13.6 years	14.2 years
6.	Total gain in height and weight due to growth spurt	25cm, 25 kg	30 cm, 28 kg

Physical changes in females at puberty

As girls grow at puberty, specific external and internal physical changes start taking place. The major changes that occur in females at puberty are listed below :

- Growth spurt occurs
- Skin becomes oily
- All permanent teeth are in

- Underarm hair appears
- Perspiration increases
- Breasts develop
- Waistline narrows and hips widen
- Uterus and ovaries enlarge
- Pubic hair appears
- External genitals enlarge
- Ovulation occurs
- Menstruation begins
- Long bone growth stops



Breasts

- Breasts can start growing as early as age 10 and don't stop until your early 20's
- During puberty, breasts can grow rapidly causing general discomfort, pain and uneasiness.
- Breasts have been overly emphasized in our culture making them too big a part of a girl's physical identity. This does not mean that a girl with larger breasts is more feminine or 'better'. In fact, very large breasts can cause pain and poor posture.
- Breasts have a biological purpose - for feeding babies.
- Having a baby changes one's breasts forever, and many women get larger breasts after pregnancy.
- Bras are more than just undergarments; they are necessary to keep your breasts supported and to stop injury to the breast tissue while playing sports.
- Breast cancer is rare in teen-aged girls but it is important to get used to checking your breasts for lumps and irregularities as soon as you start having your periods. This is especially important if you have a family history of breast cancer.

Height and Weight of girls from 10-18 years (NCHS)

Age (In Years)	Height (In cm)	Weight (In kg)
10	131.5	29.3
11	137.7	33.3
12	144.1	37.4
13	149.4	41.5
14	152.5	45.3
15	153.8	48.4
16	154.2	50.4
17	155.1	51.1
18	155.6	51.1

Physical changes in males at puberty

As boys grow at puberty, they will notice a number of changes that take place in their body. Internally also many changes take place. The following are a list of major physical changes that occur in males during puberty :

- Growth spurt occurs
- Hairline begins to recede
- Skin becomes oily
- All permanent teeth are in
- Larynx (voice box) enlarges, voice deepens
- Facial hair appears
- Shoulders broaden
- Underarm and chest hair appears



- Perspiration increases
- Muscles develop
- Pubic hair appears
- Penis and testes enlarge
- Sperm production begins
- Ejaculation occurs
- Long bone growth stops

Height and Weight of boys from 10-18 years (NCHS)

Age (In Years)	Height (In cm)	Weight (In kg)
10	130.8	28.3
11	136.3	31.8
12	142.4	35.8
13	148.8	40.5
14	155.1	45.7
15	160.7	51.1
16	164.9	55.9
17	167.5	59.7
18	168.1	62.1

Wet dreams

- Wet dreams mean the ejaculation of sperms while sleeping
- Wet dreams are a normal phenomenon. It is not a disease. And you should not feel guilty about it
- It happens in response to the body producing sperms
- When a boy experiences this he also has pleasurable feelings
- The average age for this to occur is around 13 to 14 years. By this time the boy already has some signs of puberty
- Probably, the person who masturbates will experience this less often

Social changes during adolescence

On attaining puberty, Indian traditions gradually separate the boys and girls with girls being under greater control and boys left relatively independent. This curtails the freedom of girls considerably both within the home as well as outside.

Even at the school their control appears to be present. Taken to its other extreme, more traditional families tend to look for a girls' school rather than a coeducational school for their daughters. Although at the higher secondary level there are attempts to make them into coeducational schools, there are still many colleges only for girls.

However much parents may attempt to control their children, other adolescents of the same age group play an important role as peers. Additionally this is the age when friendships are also forged. Choice of friends can make or break the future of each individual.

Another potential social change at this stage is employment. Either due to economic necessities or due to difficulties in coping up with studies, some may be forced to drop studies and start working. It is also possible that some older children might have the opportunity to do part time work and continue with studies.

Both parents and adolescents are involved in the social decisions being made at this stage. Each family should consciously make value based decisions at this stage as it has a bearing for the rest of their lives.

Peer pressure in sexuality

Adolescents are very much influenced by the peer group or those of their same age group. Their behavior and attitude are affected by peers. The style of clothing, language, vocabulary, attitudes, interests, appearance and behavior is different from that of the family, because adolescents spend most of their time outside the home with members of the peer group. If members of the peer group experiment with sex, alcohol, drugs or tobacco, adolescents are likely to do the same regardless of how they feel about these matters. So, it is necessary to give them the knowledge and skill of how to resist peer pressure when it goes against the values they have established for themselves.

IV. TIPS FOR YOUTH

Lack of knowledge on various issues confronting adolescents have resulted in unnecessary anxieties and problem-behaviour. The following tips for youth can help adolescent make informed choices in their life :

Alcohol

The following are some of the areas that youth need to be aware of even if in some areas decision may be made only in later life.

Guess which is the most socially accepted addictive substance. Yes, it's Alcohol. Here are some facts about alcohol that you should know:

- Alcohol is not a stimulant! In fact, it's a depressant.
- No matter how much you booze, alcohol will never quench your thirst. In fact, it makes you more thirsty.
- What is Alcohol extremely rich in? High Empty Calories!
- Drinking alcohol while you are pregnant can cause FAS (Foetal Alcohol Syndrome) in babies. It is a devastating disorder that often renders it's victims unable to function in society or to care for themselves in socially acceptable ways.
- Alcohol causes varying degrees of the following side effects in everyone who use it. These include dullness of sensation, impaired thought processes, impaired memory, impaired judgement, sleep or sleeplessness. Alcoholism can lead to coma and death.
- Alcohol can bring about behavioral changes that include aggression, sexual openness, excessive talking, lying, phony friendliness and quick tempers.
- A "hang over" is what strikes you a day after going on an alcohol binge. A throbbing headache and sharp pains at the temples and base of the neck characterize hangover.

- 70 % of alcoholics and alcohol abusers tend to suffer from a number of physical side effects. These include cirrhosis of the liver, heart problems, obesity and a slurred speech even if you are sober.



Smoking

- Cigarette Smoking is a known killer so why begin with a habit that can kill you.
- Smokers in the modern society are treated like second grade citizens.
- There are no second chances. Most of the people who get hooked on to smoking cannot kick the habit.
- Most of the damage occurs when people start to smoke in their early teens.
- It diminishes or extinguishes your sense of taste and smell and brings about abundant early wrinkles.
- More than a third of high school students who try cigarettes develop a daily smoking habit before they graduate
- Menthol cigarettes are as damaging
- People say that kissing a smoker is like licking an ashtray



- Second hand smoke is as damaging to people around you
- Sports and cigarettes do not go together. Smoking soon after a good round of exercise may actually cause you much more harm than usual
- If you continue smoking, soon it would be impossible to exercise or participate in sports
- The sooner you realize that you are a target of the tobacco selling companies the better. The tobacco companies' latest motto "Catch Them Young"

Condoms

- Sex with a condom does feel different but not worse.
- Improper knowledge of using condoms is the prime reason for it's failure.
- Some of the STDs that condoms can help protect you from are AIDS, Herpes Simplex Virus (HSV), Human Papiloma Virus (HPV), Hepatitis B Virus (HBV), Chlamydia trachomatis, and Neisseria gonorrhoeae.
- Latex condoms afford greater protection against viral STDs than natural membrane condoms.
- Condom users and their partners are less likely to get gonorrhea, pelvic inflammatory disease and cervical cancer.
- For STD and AIDS protection it is essential to use condoms during oral sex.
- You should never use an oil based lubricant (baby oil, cold cream, vaseline, hand cream or any cooking oil) with a condom since it can cause the latex to break.



Menstruation

- Most girls get their first period between the ages of 11 and 15. But you can get it as late as at 18 or as young as at 10.
- For the first few years most girls have irregular periods. Don't fret if you miss your periods for months altogether or if you have 2 periods very close together.
- A period is part of the regular fertility cycle in females. It is merely the expulsion of an unfertilized egg along with uterine wall tissue and blood. Although it seems as if you lose a lot of blood you really lose only between 4-6 tablespoons, the rest is tissue and water.
- Periods work on 28-day cycles. This means you can expect 13 periods in a year.
- PMS (Pre-menstrual syndrome) is not a myth but it has been exaggerated. It is more physical than emotional and includes things like bloating, cramping, water retention, elevated body temperature, and skin breakouts.
- Cramps are really cumbersome and for some girls they are severe enough to warrant missing school or other activities. Taking anti-spasmodic drugs can help ease the pain.

Pills

- Modern birth control pills are much more milder versions of their predecessors with relatively less side-effects. Don't let another woman's horror story keep you from trying the pill if you're sexually active.
- Ortho-Tricyclene, one of the many birth control pills available, is also approved as an acne medication with success in controlling moderate to high, hormonally influenced breakouts.

- If you smoke, the risks associated with taking the Pill are increased. It is yet another reason NOT to smoke!
- Although it is less common, it is still possible to get pregnant within 1 month of going off the Pill.
- Despite advice you may have heard, you do not need to take a break from the Pill.
- When used correctly the Pill is 95 % - 99 % effective.
- When used incorrectly the Pill is totally ineffective.
- The Pill cannot protect you against any STDs or HIV/AIDS.



Masturbation

- Masturbation is the deliberate stimulation of one's sex organs to achieve pleasure. It is an act, which not only the Homo sapiens enjoy, but other species like apes and simians also take pleasure in doing it.
- It in no way results in impotency.
- It does not cause infertility
- Masturbation neither retards nor accelerates the growth of the penis. It also does not change the shape of the penis.
- One cannot turn blind, go bald, or become insane from masturbating as is commonly believed.
- A person who masturbates does not lose the ability to perform with a partner. In fact, masturbation actually helps a person develop a sense of stimulus he needs to have an orgasm.
- Parents should understand that masturbation is simply a normal stage of psychosexual development. They must never scold the child indulging in it.
- According to researchers men generally masturbate more than women.

V. SEXUAL HARASSMENT

What is Sexual Harassment?

Sexual Harassment is unwanted verbal or physical behavior of a sexual nature that interferes with a person's school or work performance or creates an environment that is hostile or intimidating. It can be as subtle as a look or as obvious as an assault.

Verbal harassment often consists of humor or jokes about women, sex or sexual orientation. Sexual harassment also may consist of unwanted sexual advances or requests for sexual favors. Examples of sexual harassment are:

- Repeated, unwanted requests for dates
- Sexually oriented jokes or remarks
- Patting, touching or other unwelcome requests for social or sexual activity
- Physical intimidation or assault



Effects of Sexual Harassment

Common physical and emotional reactions to abuse include:

- Feeling angry, betrayed, depressed and anxious
- Experiencing a loss of self-esteem or of control over one's life
- Symptoms of stress such as headaches, stomach aches, insomnia and irritability

What to do if you are sexually harassed?

There are a number of things you can do if you are sexually harassed. They include:

- Don't ignore it. Seemingly minor incidents often escalate into major ones.
- Don't blame yourself. Far too many victims of harassment are immobilized by embarrassment and the worry that they did something to provoke the unwanted behavior. Sexual harassment is always the responsibility of the perpetrator.
- If you are comfortable doing so, tell the offending person that you do not like the behavior and that you wish it to stop. If confronting the offender face-to-face is too uncomfortable, consider doing it in other appropriate ways.
- Know your rights. Sexual harassment is illegal. There are confidential complaint procedures to protect you.
- Keep a written, dated record of your experiences. Include exactly what was said or done, by whom, where, when and in front of which witnesses. Such a record could be helpful later on.



- Talk to someone and ask for help. Discuss how the harassment is affecting you and the options you might explore.
- Remember that being upset by sexual harassment and wanting to do something about it doesn't mean you have no sense of humor. It simply means you want to be treated with respect.

Role of young people in preventing sexual harassment

Even if you have never been a victim or perpetrator of sexual harassment, you can help combat it. First, you can support the victims. You can provide comfort, assurances and information. Second, you can speak up when harassment occurs. Tell perpetrators that their actions may be perceived as sexual harassment. If you think their jokes and behavior are inappropriate, tell them so. Having sexual integrity means respecting the rights and wishes of those around you. If everyone understands harassment and works together, sexual harassment can be eliminated.



VI. MYTHS AND FACTS ABOUT SEXUALITY

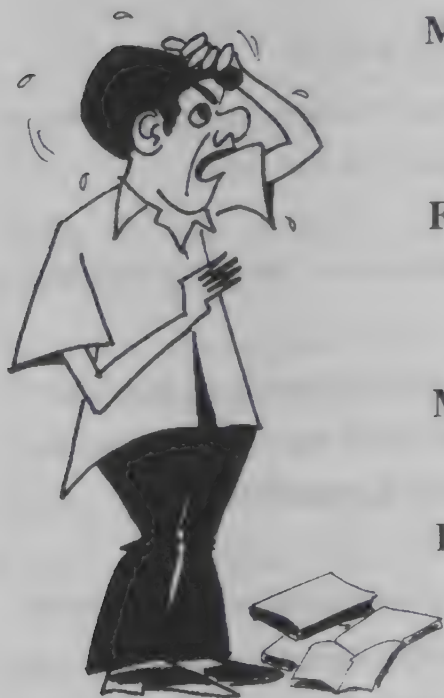
Many adolescents are misinformed about various facts related to sexuality. The following are common myths that adolescents believe to be truth. The facts regarding each myth are also given :

Myth : All teenagers are having sexual intercourse these days.

Fact : While some Indian teens do have sexual intercourse, many do not.

Myth : If you love someone, you're going to want to have sex with him or her.

Fact : While we often use the term "making love" for sexual intercourse, love and sex are not the same thing. There are many ways to show love besides having sex



Myth : A girl cannot get pregnant the first time she has sexual intercourse.

Fact : Girls often do become pregnant the first time they have intercourse.

Myth : A female cannot get pregnant while she is breast-feeding.

Fact : Although a woman may not menstruate when she is breast-feeding, she can still become pregnant.

- Myth** : There is an absolutely “safe” period for sexual intercourse during which intercourse cannot cause pregnancy.
- Fact** : While a female is less likely to get pregnant during certain periods of her menstrual cycle, there is no “absolutely” safe period. There is always a chance she will get pregnant.
- Myth** : Having a male withdraw his penis from a female’s vagina before he ejaculates or “comes” (coitus interruptus) is a good way to prevent pregnancy.
- Fact** : Withdrawal is not an effective way to prevent pregnancy. Even before ejaculation, the penis leaks semen that can contain thousands of sperm.
- Myth** : Having sexual intercourse while standing up, urinating after intercourse or jumping up and down after intercourse will prevent pregnancy.
- Fact** : None of these activities prevent pregnancy.
- Myth** : Boys always initiate sexual activity
- Fact** : While boys have traditionally taken the lead, there is no reason why this “should” be the case.
- Myth** : Males have stronger sex drives and are more interested in sex than females.
- Fact** : The female’s sex drive is just as strong as the male’s. Society has traditionally allowed males to express their interest in sex more openly, however.
- Myth** : A male always wants and is always ready to have sex.
- Fact** : Some males simply don’t want to have sex. They may think that sex before marriage is wrong or that they

simply aren't mature enough to handle it. Also, males who do have sex aren't "always" ready for it.

Myth : There's something wrong with a guy who hasn't had sex by the time he is 18.

Fact : There is no magical age by which someone should be having sex. Because some males don't want to have sex doesn't mean there is anything "wrong" with them.

Myth : Oral-genital sex between a man and a woman is a sign of homosexuality.

Fact : Many people who are exclusively heterosexual practice oral-genital sex.

Myth : You're a homosexual if you've had sex with, or even had a "sexy" dream about someone of the same sex.

Fact : Sex play with friends of either gender is common during the preadolescent and early adolescent years. So is having "sexy" dreams. Such experiences should not be interpreted as proof of any long-term, adult sexual orientation.

Myth : You can tell if a person is a homosexual by looking at him or her.

Fact : It's impossible to know if someone is a homosexual by looking at him or her.

Myth : AIDS is a "gay" or homosexual disease.

Fact : Infection with HIV, the virus that causes AIDS, is increasing more rapidly among heterosexuals than among homosexuals. Many people are being infected with HIV through sexual activity with someone of the opposite sex.

Myth : Condoms don't work.

Fact : If used consistently and correctly, especially with the spermicide nonoxynol-9, latex condoms are highly effective in preventing both pregnancy and the transmission of sexually transmitted diseases.

Myth : Having an orgasm while asleep, (a "nocturnal" orgasm) is a sign of sexual problems.

Fact : Having nocturnal orgasms is normal, healthy and nothing to worry about.

Myth : A large penis is important for sexual enjoyment.

Fact : Penis size does not determine the sexual enjoyment of either a male or his sexual partner.

Myth : Masturbation can cause a number of physical and mental problems like warts, pimples, acne and insanity.

Fact : Masturbation is a normal, healthy part of life that is not harmful.

Myth : Masturbation is restricted almost exclusively to males.

Fact : A large proportion of females, as well as males, enjoy masturbation.

Studies are beginning to show that boys tend to brag about their sexual behaviour. Some boys tend to pretend as if they have had sex with many girls, when in reality they have had with none. Other innocent boys hearing such boastful talk get deceived, indulge in sexual behaviour and end up in trouble.

VII. SEXUAL INTEGRITY AND TALKING WITH YOUR TEEN

Sexual Integrity

Talking about sexuality plays a key part in being able to act with sexual integrity. Honesty, sincerity and ethics are the hallmarks of sexual integrity. One of the best ways to encourage your teen to develop these characteristics is to be sure you communicate with her or him. Always be honest and sincere and be sure to communicate your own ethics or moral values. Don't just state your values, however. Give your reasons. This will help your teen understand why you think the value is important. It doesn't guarantee that he or she will accept it, however. Ultimately, your teen will choose a value system that seems right for him or her. Both of you are entitled to your own opinions. Both of you need to respect each other. If you do, you'll keep the lines of communication open.

As you can see, human sexuality is complex. While deciding what you really believe and how you should act is not always easy, striving to act with sexual integrity can help you make responsible sexual decisions.

A "woman or man of integrity" is looked up to and respected because his or her acts are characterized by three things - honesty, sincerity and ethics. It's important to think about what these three things mean and how they may apply to sexuality.

Honesty refers to being truthful, trustworthy and fair. Therefore, a person acting with sexual integrity does not lie to or deceive another person in order to gain a sexual favor. Such a person neither uses information about other people's sexuality to harm or ridicule them nor knowingly exposes them to the risk of an

unwanted pregnancy or a sexually transmitted disease. Such a person neither takes advantage of others nor allows others to take advantage of them. Sincerity means being genuine or real. It means being the same on the “inside” as well as the “outside”. Therefore, a person acting with sexual integrity strives to act upon her or his values. If such a person doesn’t believe in sex before marriage, she or he says so and resists pressures to become sexually active. If such a person is sexually active but is not ready to become a parent, she or he insists on using an effective and safe method of birth control.

Finally, ethics refers to a set of moral principles. These moral principles are standards for judging whether or not something is good or bad, or right or wrong. A person characterized by sexual integrity has internalized a set of standards or values about sexuality which he or she uses as guides for his or her own sexual decision making and behavior.

Respect and Responsibility

It should be obvious by now why acting with sexual integrity is so important. It shows respect for both yourself and others. It shows that you care enough about yourself to live up to your own standards and that you care enough about others not to do anything that could hurt them. It also shows that you are willing to take responsibility for your own sexuality and for the consequences of your sexual actions. Acting with sexual integrity requires accurate information. It’s your responsibility to become informed. The fact that you’ve read so far in this booklet indicates that you’re interested in learning more. This chapter is based on the series of articles titled “Sexual Integrity for Teens”. You can obtain the entire series on sexual integrity if you are interested. Being informed is a sign of integrity. It helps you act honestly, sincerely and ethically.

Communicating sexuality

One of the biggest problem of adolescent sexuality is how to establish and maintain communication in sex and sexuality related matters with youth. This is best illustrated by the following statement made by a young muslim girl at the valedictory of one of our training programmes many years ago. "I came to this camp with many questions in my mind. I could not ask my mother as she was reluctant. I could not ask my teacher as she was shy. I could not ask my friends as they were as ignorant as I was. Even now without asking a single question, in these five days of the camp you have answered all my questions. Thank you so much." Not all girls are so lucky as this girl. There is a need for concerted efforts at ensuring that effective communication on sexuality is maintained with adolescents.

Role of teachers

A considerable part of day time is spent by adolescents in schools. Therefore teachers have a unique role in ensuring that correct communication is provided to adolescents. Unfortunately many are totally unprepared to play this communicator role. However if the adolescents of today are to receive correct information on sex and sexuality, it is probably easier to build the capacity of teachers than parents.

As part of population education, topics like AIDS, human reproductive system and sexuality have already been incorporated in the school curriculum. There is a possibility for teachers to provide additional information on sexuality to adolescents based on their needs. Also they can encourage students to ask questions and answer them.



Communication between parents and adolescents

However more than the teachers it is the parents who have the greatest responsibility to communicate on sexuality.

Communicating effectively about sexuality provides teens with both the information and the human support necessary for developing values for sexual decision making and responsible sexual behaviour. Both parents and teachers play an important role in providing the needed information on sexuality to adolescents.

Talking with your teen about sexuality doesn't always need to consist of lectures or situations where you sit your child down to "talk about sex". There are many teachable moments that you can take advantage to initiate a relaxed discussion. The average television viewer sees 14,000 references to sex in the course of one year. Use some of them as springboards for discussion. Ask your teen what he or she thinks about or would do in the situation being portrayed. Also give your opinion. Your teens own comments and questions also can serve as conversation starters. You can also use written materials to start discussions. Bring books about sexuality home from the public library and share them with your teen. It lets your teen know that it's okay to talk about sexuality at home. It lets her or him know that you're open to talk about it.

Parents are the primary and most important sexuality educators of their children. Providing children with sexuality education is an important responsibility of parenthood. And most young people would prefer learning about sexuality from their parents. Whether they do it well or poorly, parents influence their children's attitudes and provide their basic education about sexuality. Too often, however, parents hesitate to speak directly with their children about sexuality. It can be uncomfortable to begin the discussion, and some parents may need help in figuring out what to say. Some

mistakenly believe you can tell children too much too soon, and therefore harm them. The fact is you can't harm a child by giving accurate information about sexuality; you can't tell a child too much or too soon. Silence and evasiveness give children the message that they should not come to parents for information about sexuality.

The quality of the parent-teenager relationship, and the degree of a parent's openness and comfort while discussing sex and sex-related topics, cannot be underestimated in terms of their influence on an adolescent's sexual values and behaviour. The qualities of successful parent-teenager relationships and communication are:

- Openness
- Parental comfort with the issues
- Beginning discussions at early age
- Positive messages
- Parental limit-setting
- Closeness between child and parent
- Flexibility
- Absence of stress
- Satisfying levels of intimacy

Teenagers are able to talk to their parents about sex more often than they do, and they believe that their parents can provide information that would be of great use to them. However, one-third of 15-year-old girls said that neither of their parents had told them how pregnancy occurs, and about half said that they had received no information on sexually transmitted infections or birth control from their parents. Only 16 percent of young women and ten percent of young men cite their parents as their primary source of knowledge about sexuality. Although parents are more likely than their children to report that they've provided sexuality education, most young people first learn about sex from friends, siblings, teachers, or the media, rather than from their parents.



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Talking to teenagers about sex does not lead them to engage in sex earlier or more frequently. Although many parents fear that discussion will encourage sexual experimentation, the opposite is true - early parental communication on sex-related topics allows children to talk about sex and ask more questions and is associated with a delay in the onset of sexual activity. When sexual activity does take place, teenagers who have discussed sexuality and sexual risk with their parents are

- more likely to talk about sexual health risks with their partner
- more likely to use condoms
- less likely to have multiple sexual partners

These responsible choices are even more likely if parents have been open in their communication, and skilled and comfortable in having these discussions. The degree of influence parents will have in these matters can depend on what they say and how they say it.

The quality of parent/adolescent communication about sex-related issues has been measured in the following terms:

- How comfortable the adolescent feels in approaching parents with questions or concerns about sex
- Whether or not the adolescent fears that parents will think that, because she or he is asking such questions, she or he may be interested in experimenting with sex
- Whether or not the adolescent feels that parents will withhold information when such questions are asked
- Whether or not the adolescent feels that parents will understand and care about her/his feelings when they talk together about sex

Your Teen Needs to Know

- What you think about sexual issues and what moral values or ethical standards you hold
- How to resist sexual pressure, coercion and exploitation
- How and why his or her body is developing
- About sexual expression, conception and pregnancy
- About contraception
- About AIDS and other sexually transmitted diseases and how to prevent them
- How to act with sexual integrity

What parents can do to improve the self-esteem of adolescents?

Adolescents are undergoing major changes in their lives as they prepare for young adulthood and their self-esteem is often shaky. Parents can help in the following ways :

- Showing that they believe in them by encouraging them
- Try and take an interest in their interests and friends.
- Listen to their opinions without always having a better or wiser answer. Help them to explore their own ideas. Let them know that they don't have to have the same opinions as you.
- Ask their help or advice sometimes. Show that you don't have all the answers.
- When something is really important to them, sometimes go out of your way to help them to achieve it, even if you don't think it matters

- Take an interest in their schoolwork, hobbies and sport
- Keep them involved in the family
- When they make mistakes due to wanting to try their wings, see them as mistakes to learn from. Let them know that is how most of us learn to do better

Current data from research shows that high risk sexual behaviour is practiced more among adolescents who have a troubled relationship with their parents, lack of parental involvement and less parent / child communication. Mothers have their strongest influence on their daughters' sexual attitudes during their 9th and 10th classes. A mother who disapproves of premarital sex is unlikely to see her daughter engage in sexual relationship. Those girls who are close to their mothers are more likely to have attitudes and behaviours that are consistent with their mother's own attitudes.

In communicating sexuality, the mother becomes the most important and influential person followed by teachers.

VIII. INFATUATION

Infatuation is a sensual phenomenon associated with a person of the opposite sex especially during adolescence. It is a passionate fixation with one individual. It has a strong hold over imaginations and choices. It leads one to a reduction in thinking capacity leading to decisions with grave consequences. In a state of infatuation a person's ability to think clearly and act rationally are thrown aside with a suspicious speed. Infatuation may simply be called as 'Love Fever'.

Many adolescents are attracted by the idea of 'falling in love' and get 'infatuated' with a person of the opposite sex. This 'infatuation' does not last long, but has strong emotional undertones. This strong feeling may make individuals irrational and lead to decisions and actions that may cause them harm. Adolescents must learn to distinguish between infatuation and true love which develops slowly through close interaction and understanding of each other. Infatuation develops in four distinct phases:

Phase 1: Being struck

It is almost as if someone has been struck by lightning. Infatuation is a sudden moment when someone particularly of the opposite sex takes on a special meaning. It may be the particular infection in someone's voice, a tilt of the head, a gaze, an intriguing remark or just plain physical attraction. This is usually a sudden response. There is an obsession or craze for that one person.

Phase 2: Intrusive thinking

Suddenly after being struck with this person, all thought is about that person. This person interferes with all other thoughts. Every

experience whether they are shared moments or those spent apart take on new meaning, are interwoven with their qualities, retrieving and relishing every moment. When absent, most of the time is spent in compulsively visualizing their new love and eager expectation of the next contact.

Phase 3: Idealisation

This starts early in the previous phase. This is a sexual desire that permeates everything leading to what is called 'blind' love. The person infatuated does not see any flaw or mistake in the beloved and will not allow anything to block their forward progress. This leads to an idealised image of each other with wonderful pictures replaying in the head.

Phase 4: The emotional ups and downs

Almost as in a roller coaster ride at one moment you are up and at the next moment you are down. It is a combination of hope and uncertainty. There are precious moments of happy interactions followed by agonising doubts of ultimate success. This leads to fear of not getting what you have begun to desire. It is a unique torment experienced only by those in infatuation as they go through something so uncomfortable and yet so irresistible.

Biological basis of infatuation

When someone is attracted to another person an amphetamine like chemical called phenylethylamine (PEA) is rapidly activated. Dopamine, Norepinephrine and Oxytocin are other chemicals which together with PEA over ride the brain activities that governs logic, leading to feeling good, a pounding heart, irrational romantic sensitivities and feelings of emotional attachment. The body can build

up tolerances to these chemicals so that it takes more chemicals to give the same feelings of infatuation. This is self-control, which is turned into love.

Psychologists suggest that infatuation is an experience we desire to meet our intimacy needs that are shaped in our childhood years. We are unconsciously drawn to those who exhibit qualities we find lacking in us. We are pulled like a moth towards the flame we wish to acquire for our permanent warmth.

Resources on sexuality

While there is large volume of sensual sexual materials on the internet, there is also considerable useful materials. A number of educational websites used in this booklet have been given as references. Parents and their adolescent children together can browse through some of these materials. Besides having an opportunity to initiate communication on sexual matters, both parents and children can learn some valuable tips on handling adolescent sexuality.

Difference between Love and Infatuation	
Love	Infatuation
Love is friendship that has caught fire	Infatuation is an instant desire which fades away with time
It takes root and grows, one day at a time.	Infatuation has an element of physical attraction. Whenever you are together, you hope it will end in intimacy
For love, the physical attraction is only one aspect of the feelings you share.	Infatuation lacks confidence about yourself and your partner
Love teaches you to be patient and to plan your future with confidence	Infatuation is the feeling of getting married right away due to the fear of losing the partner
Love is the quiet understanding and mature acceptance of imperfection	Infatuation brings the feelings of jealousy and distrust
Love is when both partners are allowed to be themselves and feel at ease with the other and enjoy their time together.	Infatuation is having an idealized image of each other with wonderful pictures replaying in the head.

Love involves honesty, respect and trust in each other	Infatuation is marked by a feeling of insecurity with a high level of losing the other
Love means trust. You are calm, secure and unthreatened	Infatuation makes you impatient of the imperfection of the other
Love gives you strength and grows beyond you Love is mutual giving and receiving	Infatuation may bring violence into the relationship
Love means a feeling of commitment to the other	Infatuation stimulates and you are thrilled but not really happy
Love is when you are warmed by their presence, even when they are miles away from you	Infatuation might lead you to do things you will regret
Love has a balanced interest in other areas of life besides the relationship	Infatuation makes you miserable when they are physically absent.
Love means both people can handle highs and lows in the relationship	Infatuation makes you feel helpless when feeling low.

IX. SEXUAL BEHAVIOUR AMONG YOUTH IN INDIA

One of the key assumptions in promoting condoms in India as a response to the HIV / AIDS problem is the belief that most youth are having premarital sex. This is particularly true of the developed countries. However, even there with the introduction of sex education in schools, sexual behaviour among youth is changing, with age at first sex going up.

For a country like India, the cosmopolitan culture of New Delhi, the capital city, presents almost a similar picture as that of the developed countries. This makes many policy makers to believe that the rest of India is no different. This belief is further strengthened by all the sexual and erotic sculpture in India. The sexual behaviour pattern among slum population both in urban and rural areas also differ significantly.

New Delhi does not portray India. Delhi is urban while most of India lives in its villages. While there is premarital sex even among the rural youth, many studies have shown that the proportion is very low, ranging from 1 - 6 % (APAC). Social control over sexual behaviour among youth in many parts of rural areas are strong and could explain why condom promotion strategy has failed in India except among target populations.

A study on adolescent sexuality was conducted in schools in Delhi, Mumbai, Kolkatta and Chennai. 210 boys /girls between 13-17 years (students in 8th to 12th Standard) were sampled. The following tables highlight the major findings:

Have you had any sexual experience so far?

	Boys %		Girls %	
	Yes	No	Yes	No
Delhi	55	45	17	83
Chennai	17	83	0	100
Calcutta	37	63	11	89
Mumbai	12	88	26	74

What is your main source of information on sexual health?

	Boys %	Girls %
Parents	5	5
Schools	11	21
Pornography	8	6
Media	23	20
Friends / Peers	49	45
Others / None of these	4	3

I have sex because

	Boys %	Girls %
I feel I am ready	8	11
Friends have it	6	16
It's great fun	40	37
I can't say no	15	16
Other reasons	31	20

Should you delay having sex until you are married?

	Boys %	Girls %
Yes	55	60
No	44	39
None of these	1	1

The previous set of data is from the four metros of India. There are other studies coming with data from rural areas as well.

One of the best done studies comes from Tamilnadu conducted by AIDS Prevention and Control (APAC) Project. Information on sexual behaviour of male and female students have been carried out at 4 points in time as shown in the table below :

Year	Percentage reporting sex with non regular partner	Percentage using condoms
1996	3.0	41.0
1997	3.0	40.0
2000	5.3	37.0
2003	1.53	61.5

What this means is that for every 1000 students only 15 had sex and among them 10 used condoms. What an opportunity if Tamilnadu can retain this low level of sexual behaviour!

There is another dimension to this pattern of sexual behaviour. The above study was on students selected from throughout the state. The following study was carried out exclusively on male youth from slums numbering 800 with an average of 20 years and all of them unmarried. This is their data :

Year	Percentage reporting sex with non regular partner	Percentage using condoms
2000	17	46
2001	13	52
2002	17	38
2003	10.6	45.9

The difference is considerable ranging from 5-6 times more. This is a problem that needs to be addressed and should not be ignored.

Pattern of Sexuality

- Sex during adolescence tends to promote more sex
- More sex tends to lead to more partners
- More partners tends to lead to commercial sex
- Commercial sex increases risk of STD
- STD increases risk of HIV

Factors that contribute to early sexual behaviour

Here again research has began to show some patterns. While the research has been carried out in the developed countries those that are relevant for India are listed below as the probable factors that control sexual behaviour among adolescents :

1. Age at puberty
2. Social Controls
3. Parental Supervision
4. Economic status
5. Domestic violence

6. Homelessness
7. Poor academic performance
8. Peer pressure
9. Perception of peer sexual activity
10. Physical attraction
11. Approval of partner
12. Loss of self control

Among the significant factors associated with delayed onset of sexual activity for both boys and girls, are good family atmosphere with both father and mother, higher socio-economic status, parental supervision and close relationship with parents.

Suprisingly among girls the largest proportion of those who have had sex have reported having had it involuntarily through rape or child abuse. This is an area where young girls and parents need to be careful and cautious.

The statement made by an American mother is probably very relevant and appropriate for India, where it has been the traditional practice : “I will never leave my young daughter alone with any man other than her father or her brother”.

Handling Media

A request made by the youth was that there should be attempts at reducing the portrayal of women by the media. They also indicated a need to control the internet. While it is not easy to control these media today, one state in India has come out with a rule expecting all internet cafes to remove cubicles and to arrange the computers in such a way that it is open to the centre of the halls.

X. SEXUALITY EDUCATION

Sex education is a major component of comprehensive health education. The aim of sex education is to help children and adolescents to become healthy adults with responsible sexual behaviours. Although, sex education is a vital part of family life education, it often is approached with great anxiety and addressed in little detail in the schools, in community programs, and even in the home. Sex education is valuable in its ability to truthfully educate young people about sex and its risks, to provide them with knowledge to protect themselves from unwanted pregnancy and sexually transmitted diseases, including HIV infection. Young people must have accurate and sufficient information to make responsible choices and to become responsible adults.

Sexuality education occurs in many settings. One important venue for this education is in schools. While there is some disagreement about the intended outcomes for sexuality education, most professionals agree that it has an intrinsic value in helping young people to acquire information and skills that contribute to the likelihood that they will grow into sexually healthy adults. As with most education, sexuality education provides learners with information, builds skills such as critical thinking and decision making, and provides a context for discussion, values clarification, and exchange of ideas.

In India, population education has been integrated into the school curriculum since 1980. Reproductive health issues are directly or indirectly related to most subjects taught in schools such as biology, health, demography, sociology, psychology, language and history (UNFPA 1996). The NCERT with technical and financial support from NACO is presently involved in infusing the component of growing up and AIDS education into the existing curriculum of

school education and linking it with existing population education programmes. However, it does not include adolescents experiences of sexual awakening, sexuality, sexual violence, abuse, personality, assertive behaviour and skills to say



‘no’ to sex. Hence there is a need to review the school curriculum, so that the adolescents get skills not only to pursue a career but also to have a healthy life.

Responsible, medically accurate sexuality education can help prevent teenage pregnancy. Responsible, medically accurate sexuality education that begins in kindergarten and continues in an age-appropriate manner through the 12th grade is necessary given the early ages at which young people are initiating intercourse. In fact, the most successful programs aimed at reducing teenage pregnancy are those targeting younger adolescents who are not yet sexually experienced.

Balanced and realistic sexuality education programs that encourage students to postpone sex until they are older, and also promote safer sex practices for those who choose to become sexually active, have been proven effective at delaying first intercourse and increasing use of contraception among sexually active youth. These programs have not been shown to initiate early sexual activity or to increase levels of sexual activity or numbers of sexual partners among sexually active youth.

How to provide sexuality education?

- Summer camp for adolescents with focus on girls more than boys

Duration: 2-3 days

Residential or day camps

- School based education programme
 - Ideally two days in a year
 - Focus on children of higher classes
 - PHC staff can be resource persons
- Text books based on sex education
 - Chapters on sex education in Biology and other subjects
 - Simultaneous development of teachers to take classes on sex education
- Incorporate human anatomy and physiology into biology subject
- Need for simple books and booklets on sex and sexuality for youth

Benefits of sexuality education

The myth existing in the community is that education in human sexuality will lead to sexual experimentation. This is not true. Recent surveys conducted by international agencies show that adolescents who have received sexuality education are known to show responsible behaviour and they tend to postpone their sexual encounter. The benefits of sexuality education are:

- To provide first hand knowledge on sex
- To understand and to be comfortable with one's own sex
- To establish social relationships with same and opposite sex
- To understand and respond to socially acceptable behaviour



- Will facilitate

- Avoiding eve teasing
- Preventing drugs, STD / HIV
- Understanding sexual dysfunction
- Marital advantages
- Enabling them to make responsible decisions
- Promoting abstinence and later start of sexual activity



Issues in Sex education

- Since the belief that sex education leads to promiscuity still remains, can this be ignored / addressed?
- Should condoms be promoted as part of sex education especially when reported condom use in the community is very low and there is resistance from the community?
- How early should sex education be provided especially with more young girls attaining puberty by age 10?
- Who can give sexuality education to adolescents? 30 teachers in a focus group discussion expressed that as they moved with the adolescent children closely and knew them well, it would be appropriate only if they could provide sex education to them. However 28 teachers added that it would be more effective if a medial person provides sex education to adolescents.

Content of Sexuality Education

- Emotional changes during adolescence
- Concept of infatuation
- Adolescent sexuality
- Sexual risk behaviour and consequences
 - Virginity
 - Health - Social - Economic
- Myths and misconceptions of sex
 - Night emission
 - Masturbation
 - Size of sex organs
 - Signs of masculinity
- Sexuality as a normal phenomenon
- Societal control on sexual behaviour
- Feelings
- Sexual attraction
- Peer pressure
- Fantasies
- Love
- Relationships
- Decision making
- Marriage
- Puberty and menarche
- Anatomy and reproductive health
- Physiology of reproductive organs
- Family planning
- Sexual Hygiene
- Marriage and Pregnancy
- Sex determination of a child

XI. TAKING A STAND ON SEX

Every individual has an opportunity to decide when they would like to initiate sexual activity. This opportunity carries with it certain risks and responsibilities. Therefore it is important for youth to balance the advantages and disadvantages in choosing to say 'Yes' or 'No' to premarital sex. At an individual level it would be most empowering if youth take a clear personal stand on premarital sex.

The social and cultural environment cannot be ignored while making this choice. While in many parts of the developed world and urban areas of developing world premarital sex may be readily accepted, in many parts of rural India pre marital sex is looked down upon.

Your 'Yes' or 'No' to sex must have a stand and it should not be based on the situation. Developing refusal skills helps to take a stand on sex. Good refusal skills enable one to give verbal and non-verbal messages that clearly say 'No' and yet do not jeopardize existing relationships. Giving a clear 'No' message is easier said than done. A soft, non-assertive 'no' with conflicting body language will not work under repeated pressure to have sex. Clear refusals include several components:

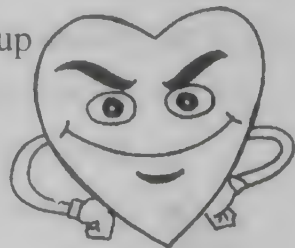
- The person must utter the word "No". No series of words can replace the word "No".
- The person's body language must support the "No" message. For example, serious expression, strong voice, face and arm movements that emphasize the message, turning the body away, walking away etc.
- If necessary, the person should repeat the refusal. Pressure situations often require saying "No" many times before the message is accepted.

- The refusal should be kept as simple as possible. In other words, the person does not have to explain why he or she does not want to do something.

There are a number of reasons why a person might choose to say “Yes” or “No” to sex. Here are a few listed below :

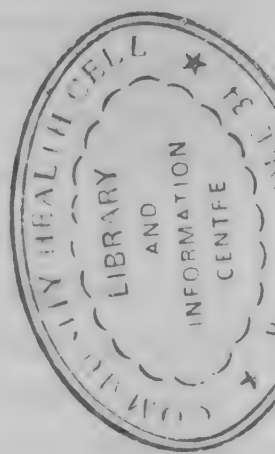
1. Reasons for saying “Yes”

1. To prove their love to each other
2. Fear that the relationship will break up
3. Curiosity about sex
4. Belief that everyone is having sex
5. Because it “feels right”
6. To be more popular
7. Because they are not afraid of becoming pregnant or getting an STD
8. Because both are comfortable with the decision
9. Money or presents
10. Fear of being “beaten up”
11. Because the partner convinces them that there will be no problems



2. Reasons for saying “No”

1. Fear of pregnancy
2. Fear of an STD (Like HIV)
3. Family expectations (not to have sex)
4. Fear of cancer (of the cervix)
5. Friendship (to allow to grow)
6. There are other forms of affection
7. Religious values (don't approve of sex)



8. Not ready (perhaps too young)
9. Not with the right person
10. Wait until marriage

Skills in Sexuality

To protect oneself especially from sexual assault by males, girls should develop some or all of the following skills. Each can be useful in one situation or the other, especially non-verbal expressions:

- It is alright to say “No” to sex
- Negotiating skills
- Resisting peer pressure
- Assertive behaviour
- Communication skills
- Improving personality during adolescence
- Skills in communicating with shy parents regarding friendship, marriage and sex

Delaying sexual intercourse

Falling in love and spending time together with someone special is exciting. If you’ve found someone you are attracted to, love, and care about, you’re going to want to show it. You can let this special person know you love him or her in many ways without having sex. Delaying sex till marriage could certainly help you from avoiding almost all of the following:

- Family and societal disapproval if a girl gets pregnant
- Girl not old enough / physically fit enough to bear a child
- Get forced to marry the wrong type of person
- Not yet financially independent if you decide to start a family
- Exposed to sexually transmitted diseases including HIV

XII. HIV / AIDS AND ADOLESCENT SEXUALITY

The only reason why there is so much talk about sex is because of HIV / AIDS. With sexual transmission being the most common cause of HIV / AIDS and with the younger age group being the most vulnerable section for HIV / AIDS, communication on sex could not be kept closed tight in a jar. Therefore it is appropriate that there is a short presentation on HIV / AIDS and how it can be prevented.

What is HIV / AIDS?

HIV stands for Human Immuno deficiency Virus. HIV attacks the body's immune system. The immune system is a collection of cells and chemicals that protect the body from anything foreign. Our immune system has no protection against HIV. A person can contract HIV and continue a normal healthy life for several years. A person can be HIV positive and not be aware that they are a carrier of the virus. There is a period of upto six months after HIV has entered the blood stream that it may not appear in a test for the virus. A person may be HIV positive for as many as ten years before HIV goes into full-blown AIDS. It's important to realize that you can get infected with HIV through a single sexual contact with an HIV positive partner.

AIDS, which stands for Acquired Immuno Deficiency Syndrome, is caused by HIV. AIDS develops when the immune system can no longer protect itself from life-threatening diseases. There is no known cure for AIDS. The life expectancy of an individual with AIDS is three years or less.

How is HIV spread?

HIV is spread in four ways:

- By having vaginal, anal or oral sex with someone who is infected with HIV
- By sharing needles or syringes with an HIV positive person
- From an infected mother to her baby during pregnancy, childbirth or, in rare cases, breast feeding
- Through blood transfusions. However, people are very unlikely to contract HIV this way today. Nowadays, all donated blood and plasma is tested for antibodies to HIV and people who are at risk of being infected with certain germs, including HIV, are not allowed to give blood

How is HIV not spread?

You cannot get HIV through casual contact or everyday activities.

Unlike other viruses, it is not spread through the air or water or by:

- Handshakes
- Hugs
- Coughs or sneezes
- Sweat or tears
- Pets
- Mosquitoes or other insects
- Eating food prepared / served by infected person
- Being around an infected person
- Toilet or shower facilities
- Forks, knives, spoons and cups
- Chairs, desks or bus seats

- Phones or computers
- Drinking fountains
- Swimming pools
- Sports and gym equipment

You also cannot get HIV by giving blood in a hospital. All blood collection equipment goes through a special cleaning and screening process.

What can you do to protect yourself from HIV?

You can avoid contracting HIV by:

- Not having sex. Remember that you can get infected from just one sexual experience.
- Not shooting drugs.
- Not sharing needles or syringes.
- Not using alcohol or other drugs. These substances can keep you from thinking clearly and cause you to make unwise decisions.

Recent data indicate that upto 60 percent of all new HIV infections are among 15-24 years olds, with females outnumbering males by a ratio of two to one.

What if you do have sex?

If you choose to have sex, you can lower your risk of HIV infection if you:

- Have sex with a partner who is not infected, who has sex only with you and who does not shoot drugs or share needles or syringes. (Keep in mind that it is difficult to know all these things about another person)

- Always use a latex condom for any kind of sex - vaginal, anal or oral. It's possible you won't know if your partner is infected
- Learn how to use a condom correctly before you have sex
- Avoid contact with your partner's blood, semen or vaginal fluid

Latex condoms are the only safe condoms to use. "Lamb-skin" and other "natural membrane" condoms are unsafe because they contain many very small holes through which the virus can travel. The spermicide nonoxynol-9 is also recommended as an additional protection against HIV. Remember, if condoms are exposed to excessive heat they lose their protective quality. This can happen if you store them in your wallet or purse or the glove compartment of your vehicle:

The best way to protect yourself from HIV / AIDS is abstinence. If you are sexually active or feel that you are ready to become sexually active, you should use a condom. Sex will be safer if the two of you use a condom every time you have sex. Ultimately, you have to make your own sexual choices. Make those choices wisely and communicate with your partner.

Recently a mock youth parliament met in New Delhi with representatives from all states of India. The young girls from Kerala were unanimous in recommending that a law be passed that will require premarital screening for HIV status. No one seemed to be hearing them. It appeared that the human rights of the probably HIV+ was more than that of the probably HIV negative youth.

AIDS does not discriminate. We all are at risk. It only takes one sexual act with an infected partner to contract HIV.

Key messages on HIV / AIDS for Adolescents

- Abstain from premarital sex
- Decide to remain faithful even after marriage
- If you choose to have sex before or outside marriage, always use a condom
- If you suspect yourself of having HIV, test yourself after due counselling
- If you are a confirmed HIV +, consider avoiding marriage or choose a partner who will accept a HIV + as a spouse
- Accept people especially family members who have HIV and do not segregate them

As part of HIV / AIDS awareness a pamphlet containing messages for the community was distributed. One of the women who took this pamphlet home hid it from her daughter. She managed to get a copy from her neighbour and confronted her own mother asking her why she was hiding such valuable information from her children.

XIII. FREQUENTLY ASKED QUESTIONS BY ADOLESCENTS

The Volunteers of the Student Partnership Worldwide (SPW), U.K. (as part of their project in the Vaduganthangal High School) collected questions on sexuality, separately from the girl students and the boy students of the 8th, 9th, and 10th standards. Students voluntarily wrote their doubts regarding sex and sexuality on slips of paper and put them into question boxes kept for that purpose. The most frequently asked questions by them are given below along with appropriate responses:

Questions asked by adolescents girls :

1. Why do we have puberty and menstruation?

Puberty and menstruation are normal growing processes among girls changing from childhood to adulthood. This is the indicator of having arrived at adulthood. This is marked by menstruation when bleeding occurs for the first time among girls. Generally preceding this onset of menstruation there is growth spurt, breast development and appearance of pubic hair. This is a biological difference for girls, which women have to live with.

2. When I reach puberty why does my face and body change with pimples, pain in my abdomen and hips and tiredness?

The changes that occur in a girl's body at puberty are basically due to hormonal changes taking place at the time of puberty. There is an increase in the level of progesterone and estrogen, which are the hormones that influence the girl's sexual development. Of these it is progesterone which is causing the acne or pimples that appear on the face. They cause congestion of blood in the pelvic organ which give rise to pain during menstruation.

Both the hormonal change and loss of blood make a person feel tired and weak.

3. Why are periods getting heavier after a few months, sometimes not regular with a break of even three months?

This is an accepted phenomena in some girls where periods are irregular in the first months and they stabilize later which may be as late as two years. These irregular periods are often related to irregularities in ovulation or release of eggs from the ovary. Sometimes these irregularities could be as long as three months, which make young girls and mothers worried as to why there is such a long delay. Most girls and their parents will need only assurance and counselling. However, if there are any associated risk factors or concerns it is best to consult a physician before a major outcome is observed.

4. Should we use only sanitary pads during menstruation or else can we use cloths?

Ideally sanitary pads should be used during the menstruation. However, because of the cost of sanitary pads there is an attempt by the poor to use only cloth. Health workers are recognising this reality and promoting the use of cloth. However, it is essential that such clothes be washed thoroughly using soap and dried in sunlight and stored in a clean and safe place before subsequent use. Those who can afford a little more money may be encouraged to buy absorbent cotton rolls and make their own sanitary pads.

5. After puberty why are some girls asked to sleep in a separate room, take head bath for 5 days and not allowed out of the house or even to go to the temple during menstruation?

These set of questions are based on certain social norms that have evolved over time. Predominantly this is based on certain

religious views that looks at menstruation as a period that is unclean. Therefore, women and girls during the menstruation period are expected to be isolated and not allowed to go out particularly to the temple. They are also expected to stay away from their regular work. Gradually this approach is changing.

6. After puberty why are some mothers preventing their daughters from speaking to boys, even their own brothers, and are forcing them to follow their instructions?

The period around puberty is also the age of innocence among both boys and girls. Since the biological changes if not adequately handled could lead to major problems and changes for the girls, this is the way by which parents show protection for their daughters. Over time this has become rigid and with modernization girls tend to feel they are being controlled too much. However, it is a protective response rather than controlling response. During adolescence this is one form of social control with which many girls may have to fall in line. There is tendency to feel that many young girls are prevented from speaking to boys because they innocently fall in love. It is not necessary with girls who are educated. In fact the main purpose of this booklet is to ensure that boys and girls are educated on the biological and emotional changes that are taking place so that they are able to take on the responsibility of decision making in their own lives.

7. Why do some men tease and make improper suggestions and keep looking at and chase after young girls when they attain menarche?

This problem is not the normal situation. This is one way in which boys tend to let out their emotions, over which girls need to be careful. It is necessary to teach young boys to express

their emotions in other ways that are socially acceptable. Unfortunately uncontrolled behaviour of this nature eventually leads to eve teasing and it's associated problems.

8. A boy is teasing me, how should I be careful with boys and protect myself from sexual abuse when I get older?

Girls need to be fully conscious of this type of behaviour from boys and need to personally prepare themselves to handle this. Girls should identify self defense mechanisms to handle such boys. They need to be assertive in their behaviour both in terms of their rights as well as the way they would like to be treated. Very often non-verbal facial communication of non-acceptance would send strong signals which would prevent similar situations occurring in the future.

9. Why do girls feel shy after puberty?

This is a normal emotional change that results from the hormonal changes taking place within the body. This may lead to increased self-consciousness. Within the Indian culture it is a behaviour that is considered as both acceptable and safe. However, it should not be allowed to dominate one's personality so much that it affects the over all relationship with others.

Questions asked by adolescent boys :

1. How do boys mature? What does attaining puberty mean? Why do boys get wet dreams?

Puberty is a stage at which childhood moves over to adulthood. Both Boys and Girls experience various physical and psychological changes during this period. In the boys this change is evi-

denced by wet dreams followed by emissions at night. There is nothing wrong with this. It is a natural phenomena and corresponds to menstruation in girls.

2. Why do I get pimples?

Both boys and girls get pimples on the face due to hormonal changes taking place at the time of puberty. There is nothing to be worried about this.

3. Why do I have hair all over the body?

Having hair all over the body is part of the growing-up process from childhood to adulthood. This is true for both boys and girls with varying degrees of masculine and feminine patterns.

4. Will boys mature before girls?

In general it is the girls who mature before boys, though there are exceptions to this rule.

5. When can a boy be capable of fathering a child?

At puberty the boy is capable of becoming a father.

6. Why do I get an erection in the morning?

Getting an erection in the morning is a normal phenomenon. This is a response, to a hormone in the males named testosterone. Even small children may have an erection which is normal.

7. Why are boys attracted to girls?

Just as girls are attracted to boys, boys are also attracted to girls. This is based on the emotional changes resulting from hormonal changes. This attraction is a normal phenomenon of

growth. As indicated earlier, there are certain social controls which we would like the young people to follow. It is good to keep the norms of the society in which you live and within the accepted limits.

8. I am in love with a girl. Why?

Boys and Girls are attracted to each other during adolescence. This is a normal and natural part of growing up. However, it is important that adolescents should differentiate between love and infatuation. The topic of infatuation has been handled extensively in this booklet.

9. What are sexually transmitted diseases?

Sexually transmitted diseases (STDs) are those conditions in which different organisms are transmitted to males and females when they have unprotected sexual intercourse. This could happen through sexual intercourse either by mutual agreement or through force as in rape. If one of the partners' has HIV infection, the other partner could also become infected with HIV.

10. Can STDs be treated?

After identifying the organism causing the infection, STDs can be treated by the use of antibiotics and anti viral drugs.

11. What are the benefits of using condoms?

Condoms can prevent pregnancy and STDs. STDs and HIV can both be prevented only by mutually remaining faithful or using condoms correctly every time.

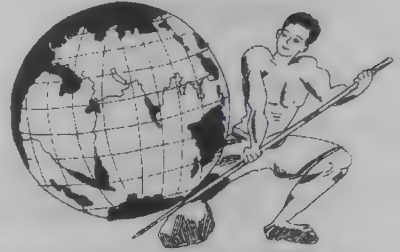
12. Is it harmful to control emotions?

The best way to handle emotions is to channelize them in healthy and socially acceptable ways. Emotions should not be totally suppressed nor should they be expressed in uncontrollable or unacceptable ways.

XIV. CONCLUSION

In the Indian rural cultural context, the most appropriate way of handling the sexual urge is to encourage the adolescents to interact freely and spontaneously with the members of the opposite sex. Though the rural community would not accept

a boy and a girl to develop intimate relationship, having healthy, uninhibited and open relationships with members of the opposite sex in general should not be prevented but rather encouraged by most adults.



In a healthy society, adolescents can begin to learn

- How to meet non-sexual needs in meaningful ways
- How to delay the initiation of sexual intercourse until they have the physical, cognitive, and emotional maturity necessary for intimate sexual relationships
- How to make decisions that will preserve their physical and emotional well-being as they begin to explore one of the most basic, joyful, and meaningful aspects of existence
- How to avoid behaviors that put them at risk for unintended pregnancy and sexually transmitted infections when they decide to become sexually active

Adolescents are capable of making responsible choices about their sexual behavior, but they can only make those choices if society - from parents to politicians, from communities to schools, from the media to the medical profession - shows them how to do so. This can be accomplished by providing:

- Responsible, medically accurate sexuality education
- Positive and open communication about sex and sexual health in the public and private areas
- Real cultural and economic opportunities that give young people hope for their future and a personal stake in their society
- Guidance, understanding, and support to help them navigate the complex stages of adolescent development

Education on sexuality among adolescents has become a necessity because adolescents and youth are the most vulnerable section of society. Instead of transferring successful experiences of HIV / AIDS from other countries, it is necessary to plan a comprehensive policy that takes into consideration the sexual behaviour practices of adolescents in India.

If, as a society, we help adolescents make responsible choices about their sexual health and development, we can fulfill our basic responsibilities to them and to ourselves.

With these points in mind, society should encourage adolescents to delay sexual behaviours until they are physically, cognitively, and emotionally ready for mature sexual relationships and their consequences. This support should include education about the following: intimacy; sexual limit setting; resisting social, media, peer, and partner pressure; benefits of abstinence from intercourse; pregnancy and STD prevention. Society must also recognize that some of adolescents will become involved in sexual relationships and should receive support and education for developing the skills to evaluate their readiness for mature sexual relationships.

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